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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

No/1 SA

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

GERMANY 10248335.3 10/17/2002 YES SA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/24/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 0	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

## ADDRESS

34947

## TITLE

Fungicidally active compound combinations

<b>FILING FEE RECEIVED</b> 1100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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